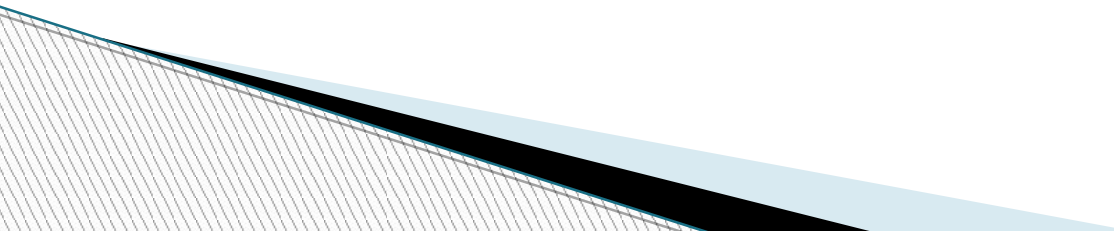


# Child Protection Foundation Training

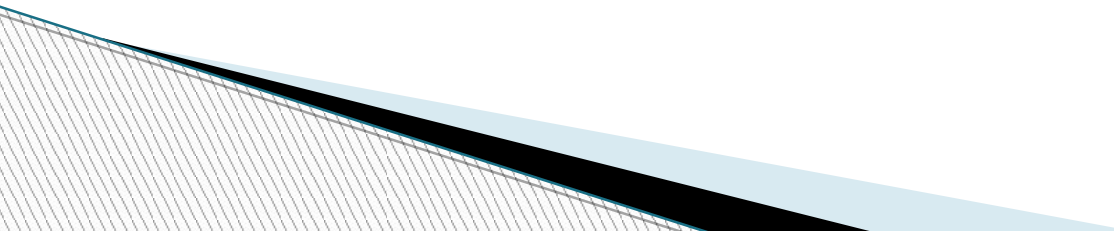


## Dialoguing with Doctors

# Core Competencies

- ▶ Identify and document physical and medical evidence as required by the allegation.
  
  - ▶ Consult the following as needed during the investigation:
    - Medical Staff
    - Multidisciplinary Pediatric Evaluation & Education Consortium (MPEEC)
    - DCFS Medical Doctor
- 

# Core Competencies (Cont'd)

- ▶ Evaluate witness statements, medical evidence, physical evidence and background data to determine investigative finding.
  - ▶ Identify multiple explanations for alleged incident of maltreatment. Do not assume the report information provides an accurate explanation for the occurrence of the injury (i.e., who, what, where, when and why).
- 

***What is your comfort level in talking with doctors?***

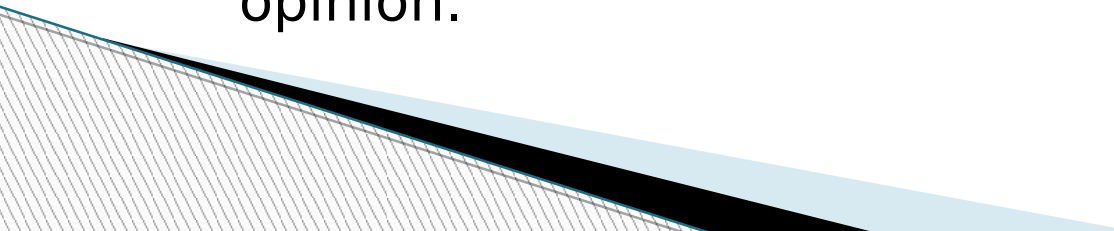


**What are we allowed to tell and ask doctors? ...any limits on this?**

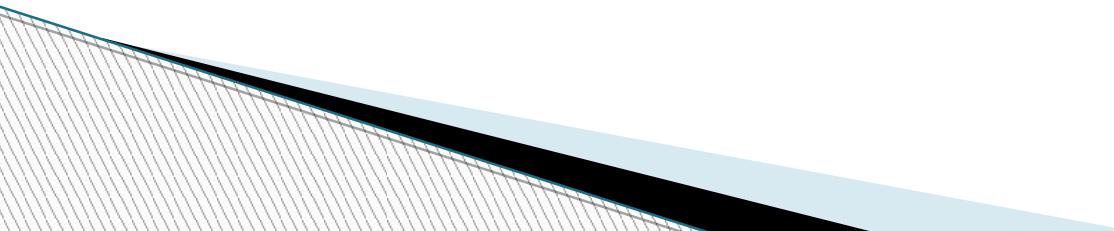
# Was This Injury Caused by Abuse?

- ▶ This question can only be answered when injury speaks for itself.
  - Hand slap mark
  - Belt buckle imprint
- ▶ **So, it's the wrong question to ask!**

# Is the Explanation for the Injury Consistent with the Injury?

- ▶ Good question, but not the only question.
  - ▶ Ex. 12-year-old developmentally delayed child had fractured collarbone:
    - 1<sup>st</sup> explanation: was carrying heavy shopping bags. Doctor said not likely.
    - 2<sup>nd</sup> explanation: hit shoulder on sink. Doctor said not likely.
    - 3<sup>rd</sup> explanation: was pushed by a classmate, “Tim,” at school. Doctor said consistent.
    - No evidence that “Tim,” a friend in a closely supervised special education classroom, pushed child. Teacher said he was actually protective of child.
    - Case recommended unfounded based on medical opinion.
- 

# Is the Explanation for the Injury Consistent with the Injury?

- ▶ Good question, but not the only question.
  - ▶ Ex. 5 year old boy Brian has a cut on his head:
    - 1<sup>st</sup> explanation: When reporter asked Brian how he got the cut on his head, he stated he did not remember and said “Mommy knows.”
    - 2<sup>nd</sup> explanation: “Mommy tried to cut my hair.” “Mommy knows.”
    - 3<sup>rd</sup> explanation: Brian stated he fell.
    - 4<sup>th</sup> explanation: Mother stated Brian moved when she was cutting his hair.
- 

# Interview with the Doctor Should Be an Exchange of Information

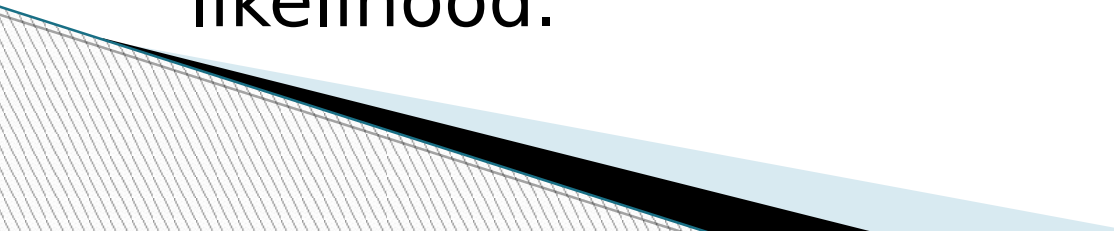
- ▶ Whether an injury is the result of abuse or an accident will depend on an exchange of information between you and the doctor.





# The Spectrum of Certainty

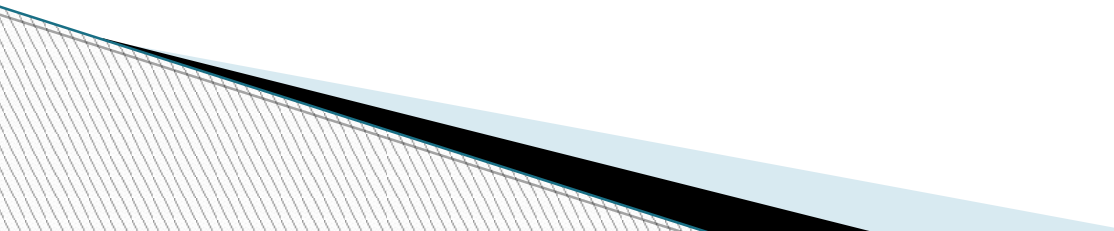
**Definitely** ----- **Likely** ----- **Possibly**

- ▶ We'd like to know what definitely happened, but we can't always.
  - ▶ Something may be possible, but not actually what happened.
  - ▶ Error in either direction can result in harm.
  - ▶ Best we can do is consider all the information we've taken in and determine likelihood.
- 

# Evidence Standard for Child Protection Investigations

- ▶ Whether “the available facts when viewed in light of surrounding circumstances would cause a **reasonable person** to believe that a child was abused or neglected.” DCFS Rule 300.20
- ▶ On appeal, the question will be whether the abuse or neglect can be proven by a **“preponderance of the evidence,”** meaning that it is *more likely* than not that the abuse or neglect occurred.

# The Critical Question

- ▶ Given all the facts we've discussed, do you think it is **more likely** that the child suffered these injuries as a result of abuse or accident?
  - ▶ Do not ask the doctor whether he or she is absolutely certain
  - ▶ Key is *what is more likely*
- 

# Referral Form for Medical Evaluation of ...(CANTS 65A)

- ▶ Use it when abuse is suspected and parents agree to take child to physician
  - Alerts physician of the purpose for the visit
  - Tells physician the history given for the injuries
  - Acts as prompt to the physician
    - ▢ Risk factors noted on form

# Referral Form for Medical Evaluation of ...(CANTS 65A)

- ▶ Framework for investigator's conversation with physician
  - ***Does not substitute for conversation!***
- ▶ Must still get medical records and review for consistency



# Exchange of Information with Doctor

- ▶ In order to get a good medical opinion, you must:
  - Share facts with the doctor
  - Ask the doctor pointed questions
  - May need to have more than one conversation with doctor



# Exchange of Information with Doctor (Cont'd)

- ▶ Need to adapt based on case
- ▶ May not need to ask every question in every case
- ▶ May need to have more than one conversation with the doctor (give and take)



# Example

- ▶ 3-1/2 year old child
- ▶ Preschool called hotline
- ▶ Had black eye
  - Mom said he hit eye against metal frame of bed when she called his name
- ▶ 4 days earlier, had bruise on cheek
  - Mom said he bruised cheek when he fell out of bed



**One in five kids are  
abused or neglected  
before they turn 18.**

If you, a friend or  
relative needs help,  
call 1-800-252-2873.

Confidential,  
24 hours a day.

Illinois Department of  
**DCFS**  
Children & Family Services  
Take Action. Every Time. Every Voice.  
Any person who knowingly provides a false report to the Department commits the offense of disorderly conduct  
under subsection (a)(7) of Section 26-1 of the Criminal Code of 2012. A violation of this provision is a Class 4 felony.





# Example, continued

- ▶ Investigator asked mom to take child to his PCP to “rule out abuse.”
- ▶ CPS asked doctor whether child’s injuries were consistent with mother’s explanations.
- ▶ Doctor said yes.
- ▶ Investigator considered abuse ruled out.
- ▶ Investigator prematurely ended the conversation.



# Example, continued

## ► **Facts that should have been shared with doctor:**

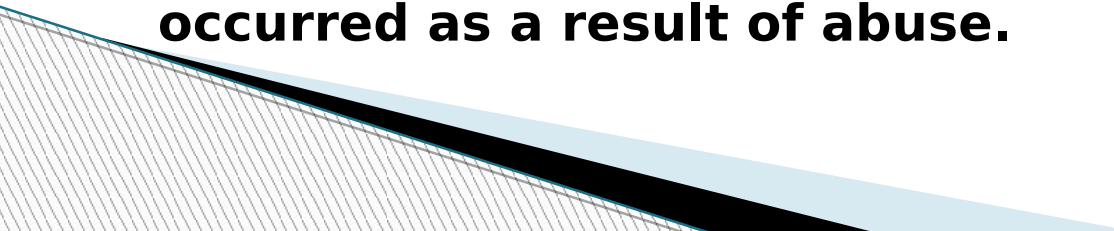
- Child told teacher his mother's boyfriend had beaten him up.
- Child demonstrated being hit on the back and had bruises on his back.
- Mother gave investigator different explanations for the injuries (punched himself in eye; bruise was from sleeping on the couch).
- Mother met boyfriend on Internet 2 months earlier, he'd been living in the home for only one week.
- Child had attended preschool for 3 weeks without concern. Only after boyfriend moved in did child exhibit injuries and behavioral change.

# Critical Question

- ▶ **Given all the facts we've discussed, do you think it is more likely that the child suffered these injuries as a result of abuse or accidents?**

# **A good medical opinion from an administrative appeal**

**Based on the medical records, the radiological studies, and the physical examination, [the pediatrician] was of the opinion that [the child's] bruises and fractures were not consistent with the various explanations given by the appellant and were instead consistent with physical abuse. Some of the bruises could be consistent with either an accidental fall or with abuse, but as many of the bruises were on different body planes and not on bony protuberances they were *more likely* to have occurred as a result of abuse.**

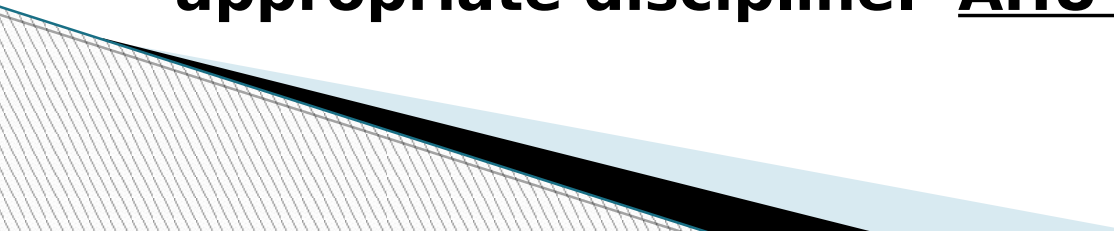


# **A good medical opinion (Cont'd)**

- ▶ **The bruising on [the child's] neck was highly unusual for normal childhood bruising and was not likely to have been caused by his car seat straps as the appellant had said. The bruising on his back was not only on the spine as would be consistent from falling, but all over his back including over soft tissue. The bruising to his scapula [shoulder blade] was highly unusual in that there were four oval bruises in a linear pattern, which would be highly unlikely to have been caused by a fall.**

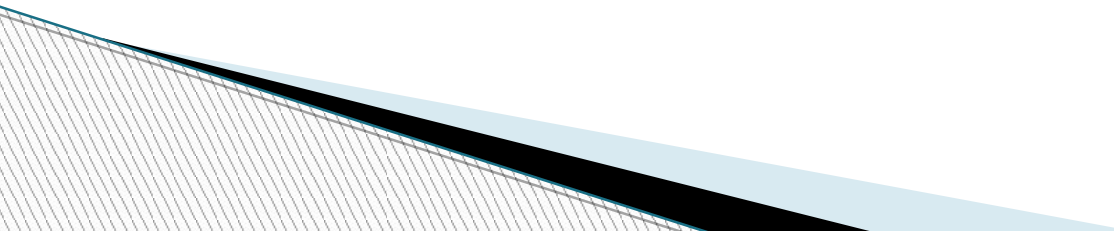
# **A good medical opinion (Cont'd)**

**Nor were the bruises likely to have been caused by [a two year old] wielding a toy, as the appellant had claimed, because the typical two year old does not have the physical strength to hit with such force as to cause four bruises in a linear pattern. The extensive amount of bruising on multiple body surfaces and multiple planes was not consistent with accidental injury or appropriate discipline. AHU #17-4570.**



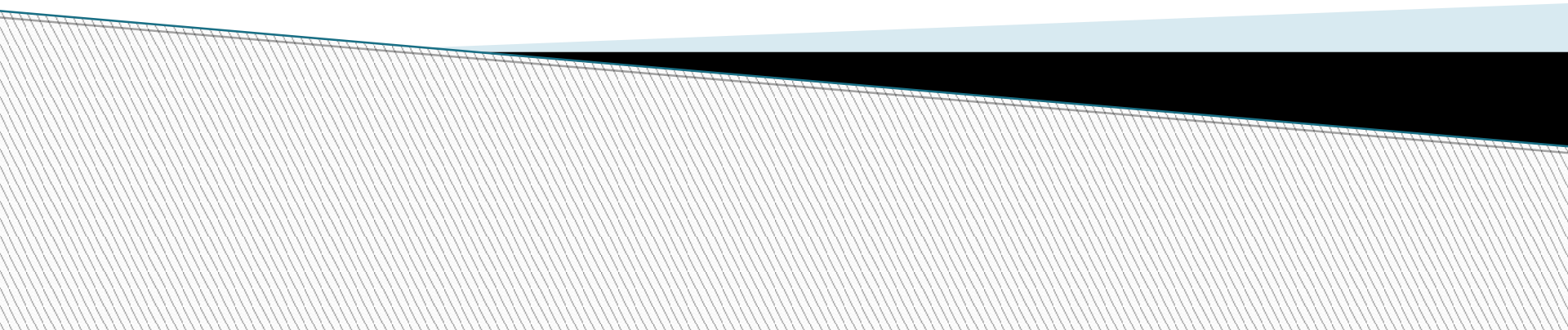
# **Another good medical opinion from an administrative appeal**

**When asked if the most likely manner by which the [right arm] fracture occurred was abuse, [the child abuse doctor] replied that due to the age of [the child, 12 months] and the developmental stage he was at during that time, specifically just pulling up to a stand and crawling, and because there is no (viable) explanation for the injury [twisted right wrist while crawling], that abuse is the number one differential diagnosis. AHU #52-9193**



# **Talking with the Doctor**

## **Caleb Thomas OIG Report**





# What if Doctor Can't or Won't Give Opinion?

## ► **Get a second opinion**

- per procedure
- Is there another doctor who treated the child?
- If child was seen at hospital, is there a child protection team?
- Can the child's primary care physician give an opinion?
- You can ask the DCFS Medical Director for a recommendation for a second opinion.
- Must share facts & medical records

## ► **If that doesn't work, you must weigh the facts yourself, in conjunction with your supervisor/manager.**

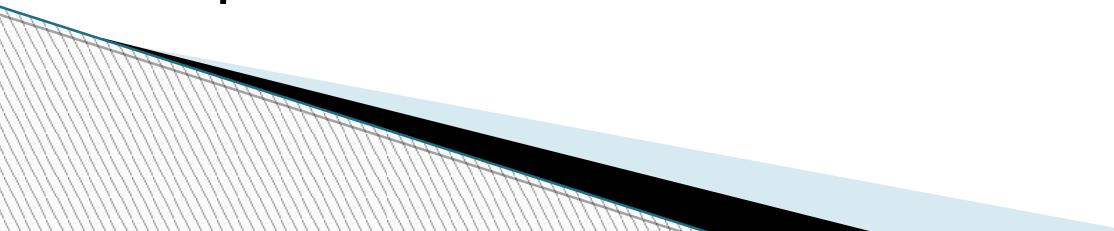
# **Not all Doctors are Equal**

- ▶ **Rule and Procedure require that the physician with the most relevant specialization and experience should be given the greatest regard. This can be hard to determine.**
- ▶ **Ideally, you want the diagnosis and input of someone who has experience with child abuse.**
- ▶ **Utilize hospital child protection teams when you can.**
- ▶ **Within the same expertise, someone who has pediatric experience is going to trump someone without it. For example, a pediatric orthopedic surgeon will be better than an orthopedic surgeon.**

# Not all Doctors are Equal

- ▶ **In a hospital setting there are medical personnel with differing levels of knowledge and expertise. The most knowledgeable will be the “attending” followed in descending order by the “fellow,” the “resident,” the “intern,” and the “medical student.”**
- ▶ **Important to recognize that who you’ll want to talk to may depend on the question you need answered.**
  - Does the child have a fracture? What type of fracture is it? Pediatric radiologist.
  - What kind of force is necessary to cause that fracture? Pediatric orthopedic surgeon or child abuse pediatrician.
  - Does the child have a history of prior injuries? Child’s pediatrician.

# Tips for Reaching & Speaking to Doctors

- ▶ Ask office staff when is best time to reach doctor.
  - ▶ Ask to make an appointment with doctor.
  - ▶ An ER triage nurse may help you track down an ER doctor.
  - ▶ Leave a message to call you. Include a good time to reach you. Give a cell phone number if you can.
  - ▶ Helps to ask doctor to be prepared with copies of notes or child's record at time of interview.
  - ▶ When you speak to the doctor, find out when and at what number it is best to reach him (for follow-up).
- 

# Recap

- ❖ A doctor is more than a professional collateral
- ❖ A doctor can be a collaborative member of the team
- ❖ Sharing information can help you and the doctor determine what facts are critical to decision-making and whether abuse is “more likely” than accident



# Questions?

